

## Wisconsin Healthcare Account Quality Management System

Level 3 – SSI/Managed Care Content Edits

MEDS – DDES Encounter

Edit Number	Error Category	Program Edit Level	Edit Description
A001A	A	Batch Reject	The submission overlaps an existing accepted submission.
A002B	A	Batch Reject	A C/R record cannot reverse another C/R record.
A004A	A	Batch Reject	A record of the same record type and adjustment type cannot reference the same parent record within the same submission.
A005A	A	Batch Reject	A record of the same record type and adjustment type cannot reference the same parent record from a previous submission.
D003D	R	Batch Reject	When the Data Source is a valid Data Source (exists in the master lookup table), it must be valid for this organization.
D003E	R	Batch Reject	The Data Source must be found in the master lookup table.
D004B	R	Batch Accept	Duplicate Record ID.
D005A	A	Batch Reject	When the Record Type equals O, the Parent Record ID must be null.
D005B	A	Batch Reject	When the Record Type equals N or C, the Parent Record ID must be provided.
D005C	A	Batch Reject	When the Record Type equals N or C, the data in the Parent Record ID must exist as a Record ID for that MCO.
D005F	A	Batch Reject	The Parent Record ID cannot equal the Record ID.
D006C	A	Batch Reject	When the Record Type equals N or C, the Original ID must point to an existing original transaction for that MCO.
D006D	A	Batch Reject	When the Record Type equals O and the Original ID is provided, the Original ID must equal the Record ID.
D006E	A	Warning	When Record Type = C or N, Original Record ID must be provided.
D007D	R	Warning	The Paid Amount for a denied transaction must be zero.
D007E	R	Batch Accept	The Claim Status must equal P for a member share transaction.
D007F	R	Warning	No adjustments can be made to a denied claim.
D008B	A	Batch Reject	The numeric data on the reversal adjustment record (CR) must be the inverse of its parent.
D008C	A	Batch Reject	The non-numeric data on the reversal adjustment record (CR) must be the same as its parent.
D008F	R	Batch Reject	The reversal adjustment record must exist before a new adjustment record is created.
D009A	A	Batch Reject	When the Record Type equals C, the Adjustment Type must equal R or N.
D009B	A	Batch Reject	When the Record Type equals O or N, the Adjustment Type must be null.
D010D	A	Batch Reject	When the Record Type equals O, the Adjustment Type Detail must be null.
D011C	S	Batch Accept	When a Primary ANSI Reason Code is provided, the code must exist in the master lookup table.
D011D	S	Batch Accept	When the Primary ANSI Reason Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D011E	S	Warning	The Primary ANSI Reason Code must be provided on a denied claim.
D011G	S	Batch Accept	When multiple ANSI reason codes are provided, the data must start with Primary ANSI Reason Code field and the additional ANSI reason codes must sequentially fill the additional fields without gaps.
D011H	S	Batch Accept	When Claim Type is Non-pharmacy (i.e., Dental, Institutional, Outpatient or Professional) and Paid Amount is less than Charges, Primary ANSI Reason Code must be provided.
D012C	S	Batch Accept	When a Second ANSI Reason Code is provided, the code must exist in the master lookup table.
D012D	S	Batch Accept	When the Second ANSI Reason Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D013C	S	Batch Accept	When a Third ANSI Reason Code is provided, it must exist in the master lookup table.
D013D	S	Batch Accept	When the Third ANSI Reason Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D014C	S	Batch Accept	When a Fourth ANSI Reason Code is provided, it must exist in the master lookup table.
D014D	S	Batch Accept	When the Fourth ANSI Reason Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D015C	S	Batch Accept	When a Fifth ANSI Reason Code is provided, it must exist in the master lookup table.

Revision Date: 11/27/2006

Author: Charles Rumberger

Approver:

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D015D	S	Batch Accept	When the Fifth ANSI Reason Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D016C	S	Batch Accept	When a Sixth ANSI Reason Code is provided, it must exist in the master lookup table.
D016D	S	Batch Accept	When the Sixth ANSI Reason Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D018B	P	Batch Accept	An MA Billing Provider ID or a Billing Provider ID must be provided.
D018C	P	Batch Accept	The MA Billing Provider ID must equal the CMO MA ID for a member share transaction.
D018E	P	Batch Accept	When an MA Billing Provider ID is provided, it must exist in the master lookup table.
D018F	P	Warning	When MA Billing Provider ID is provided, it must be within date range.
D019B	P	Batch Reject	When a Billing Provider ID is provided, the Billing Provider ID-Qualifier must be provided.
D019E	P	Batch Reject	When a Billing Provider ID-Qualifier is provided, it must be one of the following uppercase values: 24, 34, XX or CO.
D020D	P	Batch Reject	When Billing Provider ID-Qualifier is provided, the Billing Provider ID must be provided.
D021A	P	Batch Accept	Billing Provider Last Name or Organization must be provided.
D024C	P	Batch Accept	The MA Rendering Provider ID must equal the CMO MA ID for a member share transaction.
D024D	P	Batch Accept	When the MA Rendering Provider ID is provided, it must exist in the master lookup table.
D024E	P	Warning	When MA Rendering Provider ID is provided, it must be within date range.
D024F	P	Batch Accept	The MA Rendering Provider ID must not equal CMO based Org. ID
D025D	P	Batch Reject	When the Rendering Provider ID-Qualifier is provided, it must equal 24, 34, XX, or CO.
D025E	P	Batch Reject	When the Rendering Provider ID-Qualifier is provided, the Rendering Provider ID must be provided.
D026C	P	Batch Reject	When the Rendering Provider ID is provided, the Rendering Provider ID-Qualifier must also be provided.
D026E	S	Batch Accept	When the Rendering Provider ID is provided, the Rendering Provider Last Name must also be provided.
D027C	S	Batch Accept	When the Rendering Provider Last Name is provided, the Rendering Provider ID must also be provided.
D030A	M	Batch Accept	The Recipient ID must be provided.
D030D	M	Warning	The Recipient ID must exist in the master lookup table.
D030I	M	Warning	When a valid Recipient is provided, it must have SSI Managed Care eligibility.
D031A	M	Batch Accept	The Recipient Last Name must be provided.
D032A	M	Batch Accept	The Recipient First Name must be provided.
D035C	S	Batch Accept	When the Second Diagnosis Code is provided, it must exist in the master lookup table.
D035D	S	Batch Accept	When the Second Diagnosis Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D035E	S	Batch Accept	The Second Diagnosis Code must be null for a member share transaction.
D036C	S	Batch Accept	When the Third Diagnosis Code is provided, it must exist in the master lookup table.
D036D	S	Batch Accept	When the Third Diagnosis Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D036E	S	Batch Accept	The Third Diagnosis Code must be null for a member share transaction.
D037C	S	Batch Accept	When the Fourth Diagnosis Code is provided, it must exist in the master lookup table.
D037D	S	Batch Accept	When the Fourth Diagnosis Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D037E	S	Batch Accept	The Fourth Diagnosis Code must be null for a member share transaction.
D038C	S	Batch Accept	When the Fifth Diagnosis Code is provided, it must exist in the master lookup table.
D038D	S	Batch Accept	When the Fifth Diagnosis Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).

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D038E	S	Batch Accept	The Fifth Diagnosis Code must be null for a member share transaction.
D039C	S	Batch Accept	When the Sixth Diagnosis Code is provided, it must exist in the master lookup table.
D039D	S	Batch Accept	When the Sixth Diagnosis Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D039E	S	Batch Accept	The Sixth Diagnosis Code must be null for a member share transaction.
D040C	S	Batch Accept	When the Seventh Diagnosis Code is provided, it must exist in the master lookup table.
D040D	S	Batch Accept	When the Seventh Diagnosis Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D040E	S	Batch Accept	The Seventh Diagnosis Code must be null for a member share transaction.
D041C	S	Batch Accept	When the Eighth Diagnosis Code is provided, it must exist in the master lookup table.
D041D	S	Batch Accept	When the Eighth Diagnosis Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D041E	S	Batch Accept	The Eighth Diagnosis Code must be null for a member share transaction.
D042A	S	Batch Accept	The From Date of Service must be provided.
D042C	S	Batch Accept	From Date of Service must be less than or equal to the submission date
D043A	D	Batch Accept	The To Date of Service must be provided.
D043C	S	Batch Accept	The To Date of Service must be greater than or equal to the From Date of Service.
D043D	S	Batch Accept	If Claim Type = Pharmacy, To Date of Service must be less than or equal to posting date.
D043E	S	Batch Accept	To Date of Service must be less than or equal to the submission date
D044C	S	Batch Accept	When the National Place of Service is provided, it must exist in the master lookup table.
D044D	S	Batch Accept	When the National Place of Service is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D044E	S	Batch Accept	The National Place of Service must be null for a member share transaction.
D044G	S	Batch Accept	If Claim Type = professional, Place of Service must be provided.
D046C	S	Batch Accept	When the Procedure Code is provided, it must exist in the master lookup table.
D046D	S	Batch Accept	When the Procedure Code is provided and the code is in the master lookup table, then it must be within date range using run out period end date (based on dates of service).
D046F	S	Warning	Dates of service are greater than the Procedure Code end date and less than or equal to the Procedure Code grace period end date.
D046H	S	Batch Accept	The dates of service are greater than the Procedure Code end date and is less than or equal to the Procedure Code grace period end date.
D046I	S	Batch Accept	ICD9 Procedure Code, Procedure Code or Revenue Code must be provided.
D046J	S	Warning	When Claim Type is PH, then a valid NDC code must be provided.
D047C	S	Batch Accept	When First Modifier Code is provided, it must exist in the master lookup table.
D047D	S	Batch Accept	When the First Modifier Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D047E	S	Batch Accept	When any number of modifiers are provided, the data must start with the First Modifier Code, and each subsequent modifier code field must be filled consecutively without gaps.
D048C	S	Batch Accept	When Second Modifier Code is provided, it must exist in the master lookup table.
D048D	S	Batch Accept	When the Second Modifier Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D049C	S	Batch Accept	When the Third Modifier Code is provided, it must exist in the master lookup table.
D049D	S	Batch Accept	When the Third Modifier Code is provided and the code is in the

Revision Date: 11/27/2006

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			master lookup table, it must also be within the date range (based on dates of service).
D050C	S	Batch Accept	When the Fourth Modifier Code is provided, it must exist in the master lookup table.
D050D	S	Batch Accept	When the Fourth Modifier Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D051C	S	Batch Accept	When the Revenue Code is provided, it must exist in the master lookup table.
D051D	S	Batch Accept	When the Revenue Code is provided and the code is in the master lookup table, it must also be within the date range (based on dates of service).
D052A	S	Batch Accept	Quantity must be provided.
D052F	S	Batch Reject	The Quantity must reflect the same sign as the dollar fields.
D052I	S	Batch Accept	The Quantity must be null for a member share transaction.
D052J	S	Batch Accept	The Quantity must be greater than or equal to zero for an encounter transaction.
D056A	S	Batch Accept	Charges must be provided for an encounter transaction.
D056B	S	Batch Reject	Charges must be null for a member share transaction.
D056E	S	Batch Reject	The signs (+/-) for Charges, Allowed Amount, TPL Paid Amount, and Paid Amount must be the same.
D056F	S	Batch Accept	Charges must be greater than or equal to zero for an encounter transaction.
D057B	S	Batch Accept	The Receipt Date must be less than or equal to the Posting Date.
D057C	S	Batch Accept	The Receipt Date must be provided.
D058A	S	Batch Accept	The Paid Amount must be provided.
D058D	S	Batch Accept	The Paid Amount must be a negative amount for a member share transaction.
D058E	S	Warning	When the Claim Status equals P and the TPL Paid Amount equals zero or null, the Paid Amount must be greater than zero.
D058F	S	Warning	The Paid Amount must be less than or equal to the Charges, when both are provided.
D058G	S	Batch Accept	The Paid Amount must be greater than or equal to zero for an encounter transaction.
D059B	R	Batch Reject	The Posting Date must be greater than or equal to the Begin Posting Date specified in the header.
D059C	R	Batch Reject	The Posting Date must be less than or equal to the End Posting Date specified in the header.
D060C	S	Batch Accept	The TPL Paid Amount must equal zero on a member share transaction.
D060D	S	Batch Accept	The TPL Paid Amount must be provided.
D060E	S	Batch Accept	The TPL Paid Amount must be greater than or equal to zero.
D061C	S	Batch Reject	The Allowed Amount must be null for a member share transaction.
D061D	S	Warning	The Allowed Amount must be provided for an encounter transaction.
D061E	S	Batch Accept	The Allowed Amount must be greater than or equal to zero for an encounter transaction.
D062E	S	Batch Accept	The Support Indicator must equal S or C for an encounter transaction.
D062F	S	Batch Accept	The Support Indicator must equal N for a member share transaction.
D063C	A	Batch Reject	When the Support Indicator equals N, the Member Share must equal C, R, S or V.
D071B	M	Warning	When the Recipient Birth Date is provided, it must be less than or equal to the From Date of Service.
D071C	M	Batch Accept	When the Recipient Birth Date is provided, the Recipient Birth Date plus 150 years must be greater than or equal to the From Date of Service.
D071D	M	Warning	When the Recipient Birth date is provided and the recipient is found in the recipient master file with a date of birth, the Recipient Birth Date must equal the date of birth in the recipient master file.
D071E	M	Batch Accept	When both the Recipient Birth Date and the Recipient Death Date are provided, the Recipient Death Date must be greater than or equal to the Recipient Birth Date.
D072B	M	Warning	When the Recipient Death Date is provided, it must be less than or equal to the Posting Date.
D072C	M	Warning	When the Recipient Death date is provided and the TDOS is provided, then the Death date + 1 month must be >= TDOS.
D072D	M	Warning	When the Recipient Death Date is provided and the recipient is found in the recipient master file with a date of death, the Recipient Death Date must equal the date of death in the recipient master file.
D072E	S	Warning	When the MMIS recipient Master table has a death date, the death date must be provided.
D073A	S	Warning	When the DRG is provided, it must exist in the lookup table.
D073E	S	Warning	When the DRG is provided and the code is in the master lookup table,

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D073F	S	Warning	it must be within the date range (based on dates of service).
D075C	S	Batch Accept	The DRG must be null for a member share transaction.
D075D	S	Batch Accept	When the Primary Diagnosis Code is provided, it must exist in the master lookup table.
D075E	S	Batch Accept	When the Primary Diagnosis Code is provided and the code is in the master lookup table, it must be within the date range (based on dates of service).
D075F	S	Batch Accept	The Primary Diagnosis Code must be null for a member share transaction.
D075H	S	Batch Accept	When any number of diagnoses codes are provided, the data must start with the Primary or Principal Diagnosis Code, and each subsequent diagnosis code field must be filled consecutively without gaps.
D075I	S	Batch Accept	The Primary Diagnosis Code is required for Institutional and Professional Claim Types.
D076C	R	Batch Reject	E-Diagnosis codes cannot be used as Primary Diagnosis
D076D	R	Batch Reject	When the Service Delivery Type exists in the master lookup table, it must be valid for this organization.
D076E	R	Warning	The Service Delivery Type must exist in the master lookup table.
D077C	S	Batch Accept	The Service Delivery Type must be provided.
D077D	S	Batch Accept	If Ninth Diagnosis Code is provided, it must exist on the Master Lookup table
D077E	S	Batch Accept	When the Ninth Diagnosis Code is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D078C	M	Batch Accept	The Ninth Diagnosis Code must be null for a member share transaction.
D078D	M	Batch Accept	When Patient Discharge Status Code is provided, it must exist in the Master Lookup Table.
D078E	S	Batch Accept	When Patient Discharge Status Code is provided, it must be within date range.
D078F	S	Batch Accept	If Claim Type = Institutional, Patient Discharge Status Code must be provided.
D079C	S	Batch Accept	Patient Discharge Status Code must be null for member share.
D079D	S	Batch Accept	When Primary ICD9 Procedure Code is provided, it must exist in the Master Lookup Table.
D079E	S	Batch Accept	When Primary ICD9 Procedure Code is provided, it must be within date range of the Primary ICD9 Procedure Date
D079F	S	Batch Accept	If any ICD9 Procedure Code is provided, a Revenue Code must be provided.
D079G	S	Batch Accept	When Primary ICD9 Procedure Code is provided, the corresponding ICD9 Procedure Date must be provided.
D080C	S	Batch Accept	ICD9 Procedure Codes must be filled sequentially and without gaps.
D080D	S	Batch Accept	When Second ICD9 Procedure Code is provided, it must exist in the Master Lookup Table.
D080E	S	Batch Accept	When Second ICD9 Procedure Code is provided, it must be within date range of the Second ICD9 Procedure Date.
D081C	S	Batch Accept	When Second ICD9 Procedure Code is provided, the corresponding ICD9 Procedure Date must be provided.
D081D	S	Batch Accept	When Third ICD9 Procedure Code is provided, it must exist in the Master Lookup Table.
D081E	S	Batch Accept	When Third ICD9 Procedure Code is provided, it must be within date range of the Third ICD9 Procedure Date.
D082C	S	Batch Accept	When Third ICD9 Procedure Code is provided, the corresponding ICD9 Procedure Date must be provided.
D082D	S	Batch Accept	When Fourth ICD9 Procedure Code is provided, it must exist in the Master Lookup Table.
D082E	S	Batch Accept	When Fourth ICD9 Procedure Code is provided, it must be within date range of the Fourth ICD9 Procedure Date.
D083C	S	Batch Accept	When Fourth ICD9 Procedure Code is provided, the corresponding ICD9 Procedure Date must be provided.
D083D	S	Batch Accept	When Fifth ICD9 Procedure Code is provided, it must exist in the Master Lookup Table.
D083E	S	Batch Accept	When Fifth ICD9 Procedure Code is provided, it must be within date range of the Fifth ICD9 Procedure Date.
D084C	S	Batch Accept	When Fifth ICD9 Procedure Code is provided, the corresponding ICD9 Procedure Date must be provided.
D084D	S	Batch Accept	When Sixth ICD9 Procedure Code is provided, it must exist in the Master Lookup Table.
			When Sixth ICD9 Procedure Code is provided, it must be within date range of the Sixth ICD9 Procedure Date.

Revision Date: 11/27/2006

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D084E	S	Batch Accept	When Sixth ICD9 Procedure Code is provided, the corresponding ICD9 Procedure Date must be provided.
D085B	S	Batch Accept	When Primary ICD9 Procedure Date is provided, corresponding ICD9 Procedure Code must be provided.
D085C	S	Batch Accept	ICD9 Procedure Date must be filled sequentially and without gaps.
D086B	S	Batch Accept	When Second ICD9 Procedure Date is provided, corresponding ICD9 Procedure Code must be provided.
D087B	S	Batch Accept	When Third ICD9 Procedure Date is provided, corresponding ICD9 Procedure Code must be provided.
D088B	S	Batch Accept	When Fourth ICD9 Procedure Date is provided, corresponding ICD9 Procedure Code must be provided.
D089B	S	Batch Accept	When Fifth ICD9 Procedure Date is provided, corresponding ICD9 Procedure Code must be provided.
D090B	S	Batch Accept	When Sixth ICD9 Procedure Date is provided, corresponding ICD9 Procedure Code must be provided.
D091C	S	Batch Accept	When Type of Bill Code is provided, it must exist in the Master Lookup Table.
D091E	S	Batch Accept	If Claim Type = Institutional, Type of Bill Code must be provided.
D091F	S	Batch Accept	Type of Bill Code must be null for member share.
D092B	S	Batch Accept	If Claim Type = Institutional, From Statement Covers Date must be provided.
D092C	S	Batch Accept	From Statement Covers Date must be null for member share.
D093B	S	Batch Accept	If Claim Type = Institutional, To Statement Covers Date must be provided.
D093C	S	Batch Accept	To Statement Covers Date must be null for member share.
D093D	S	Batch Accept	If To Statement Covers Date and From Statement Covers Date is present, To Statement Covers Date must be greater than or equal to From Statement Covers Date
D094C	S	Batch Accept	When Admitting Diagnosis Code is provided, it must exist in the Master Lookup Table.
D094D	S	Batch Accept	When Admitting Diagnosis Code is provided, it must be within date range.
D094E	S	Batch Accept	Admitting Diagnosis Code must be null for member share.
D094F	S	Batch Accept	Admitting diagnosis code must be provided when the claim type is institutional
D095C	S	Batch Accept	When E Code is provided, it must exist in the Master Lookup Table.
D095D	S	Batch Accept	When E Code is provided, it must be within date range.
D096B	S	Batch Accept	If Claim Type = Institutional, Admit Start Care Date must be provided.
D096C	S	Batch Accept	Admit Start Care Date must be null for member share.
D096D	S	Batch Accept	When Admit Start Care Date is present, it must be less than or equal to From Date of Service
D097C	S	Batch Accept	When Claim Type is provided, it must exist in the Master Lookup Table.
D097E	S	Batch Reject	Claim Type must be provided.
D097F	S	Batch Accept	Claim Type must be null for member share.
D098C	S	Warning	When Prescriber DEA number is provided, it must exist in the Master Lookup Table.
D098E	S	Batch Accept	If Claim Type = Pharmacy, Prescriber DEA Number must be provided.
D098F	S	Batch Accept	Prescriber DEA Number must be null for member share.
D098H	S	Batch Accept	When Prescriber DEA number is provided, the number must follow a pattern calculated by its mathematical formula.
D099E	S	Batch Accept	If Claim Type = Pharmacy, Prescription Number must be provided.
D099F	S	Batch Accept	Prescription Number must be null for member share.
D100C	S	Batch Accept	When Unit Dose Indicator is provided, it must be 0,1,2,3.
D100E	S	Batch Accept	If Claim Type = Pharmacy, Unit Dose Indicator must be provided.
D100F	S	Batch Accept	Unit Dose Indicator must be null for member share.
D101C	S	Batch Accept	When Dispense as Written Indicator is provided, it must be numeric, 0 thru 9.
D101E	S	Batch Accept	If Claim Type = Pharmacy, Dispense As Written must be provided.
D101F	S	Batch Accept	Dispense As Written must be null for member share.
D102D	R	Batch Reject	Organization ID must exist in the master lookup table.
D102E	R	Batch Reject	Organization ID on the detail record must match the Organization ID on the header record
H000C	H	Batch Reject	Current encounter file month (Begin Posting Date of current month) must sequentially follow the month of last accepted submission (End Posting Date of the previous month).
H002D	H	Batch Reject	Submission Date must be less than or equal to today's date.
H002E	H	Batch Reject	Submission Date must be greater than or equal to End Posting Date.
H003D	H	Batch Reject	Begin Posting Date must be less than End Posting Date.
H003E	H	Batch Reject	Begin Posting Date must be the first day of the month.
H004D	H	Batch Reject	End Posting Date must be greater than Begin Posting Date.

Revision Date: 11/27/2006

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Location of Document: J:\Account Policies and Procedures\QMS\Level 3 documents -

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H004E	H	Batch Reject	End Posting Date must be the last day of the month.
H004F	H	Batch Reject	Begin Posting Date and End Posting Date must have the same month and year.
H005C	H	Batch Reject	Number of Records Transmitted must be equal to the number of detail records in a submission.



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